

## ADVANCED PLACEMENT INCENTIVE PROGRAM ASSURANCE FORM

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### Assurances

I certify that the request for funds from the Advanced Placement Stipend Program for

\_\_\_\_\_ does not supplant district funds and will be  
*(First and Last Name of AP Teacher)*

used to encourage participation of this AP teacher in professional growth training sessions. This teacher has not received similar or duplicate reimbursement prior to participating in this program.

\_\_\_\_\_  
Signature/Superintendent

\_\_\_\_\_  
Signature/Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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